

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101							101						
102							102						
103							103						
104							104						
105							105						
106							106						
107							107						
108							108						
109							109						
110							110						
111							111						
112							112						
113							113						
114							114						
115							115						
116							116						
117							117						
118							118						
119							119						
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121							121						
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129							129						
130							130						
131							131						
132							132						
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140							140						
141							141						
142							142						
143							143						
144							144						
145							145						
146							146						
147							147						
148							148						
149							149						
150							150						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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FEE CALCULATION SHEET**
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	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
201							51						
202							52						
203							53						
204							54						
205							55						
206							56						
207	1						57						
208							58						
209							59						
210							60						
211							61						
212							62						
213	1						63						
214							64						
215							65						
216							66						
217							67						
218							68						
219							69						
220							70						
221							71						
22							72						
23							73						
24							74						
25							75						
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32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	91	↓		↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	96						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS